



Meeting Summary

ILLINOIS FAMILY VIOLENCE COORDINATING COUNCILS

Semi-Annual State Council Meeting
March 23, 2006
Harold Washington Library
Chicago, Illinois

Domestic Violence, Trauma and Mental Health: Collaborative Advocacy Response

Welcome

Vernie Beorkrem, Director, Illinois Family Violence Coordinating Councils, welcomed the 200 attendees from local and state committees and councils.

“Domestic Violence, Trauma and Mental Health: Developing Collaborative Models for Healing and Social Change”

Presenter: **Carole Warshaw, MD**, *Executive Director of the Domestic Violence & Mental Health Policy Initiative at Stroger Hospital in Chicago and Director of the National Training and Technical Assistance Center on Domestic Violence, Trauma and Mental Health.*

Some of the main points of the presentation included:

- Many of the symptoms of trauma are symptoms of mental illness and these behaviors are used as coping skills to deal with the trauma of domestic violence
- The batterer often exploits a victim’s mental illness by limiting access to services or medications
- Mental health professionals know little about resources for victims of domestic violence
- Domestic violence professionals are unfamiliar with strategies to work with clients with mental illness
- Cross training for these groups is essential to effectively address the needs of the client
- Easy access needs to be provided to services for an individual who is dealing with both domestic violence and mental health issues
- Collaboratives must be built between domestic violence programs and mental health community
- Domestic violence programs have ability to do training for mental health professionals through their community education services

“Mental Illness and Domestic Violence: Implications for Family Law Litigation”

Presenter: **Denice Wolf Markham, JD**, *Executive Director of Life Span, Center for Legal Services and Advocacy* addressed

Some of the main points of the presentation included:

- Mental illness is a significant factor in many battered women’s lives and should not be a barrier to custody
- A domestic violence victim needs a team consisting of a lawyer, therapist and advocate who understands mental illness and its relationship to domestic violence
- Evidence in both treatment and domestic violence records can help prove crucial elements in a domestic violence or custody case -- enhancing credibility, mitigating stigma and helping the client prove she is a good parent
- These same records are confidential and privileged; using this information requires careful analysis
- The team should work to develop a winning legal strategy, making mental illness their issue, using records when appropriate, protecting their client, and using ongoing efforts to strengthen their client’s legal position
- The mental health provider can give crucial testimony in a legal case
- Advocates should consider testifying in these cases
- Each case is an opportunity to educate the judiciary and the system about the complex issues of domestic violence and mental illness

Participants Comments:

“This forum helped me to broaden my knowledge base. The information that I’ve received will be helpful as I go forward in my advocacy work.”

“Good points were brought up and I feel it gave me a new way of looking at domestic violence clients with domestic violence and mental health issues.”

“Although I work with domestic violence victims/families, the forum gave me an added perspective as well as information regarding the complexities of these issues.”

“This forum was very helpful, I am now aware of some things that I can do to help clients with mental health problems. **But** I now feel more confident in advocating and educating my clients.”

“I have a better understanding of domestic violence from mental health and legal perspective.”

“I now know that I have more tools to make files more beneficial to the client if they go to court.”

“I plan to continue to educate others about the need of combining mental health and domestic violence services.”

“I will now encourage participation by mental health providers in collaborative domestic violence efforts.”

“I will become more involved in testimony on behalf of victims and do more to educate our judiciary and legal system.”

“I plan to share the information with my co-workers. I work in a family shelter for homeless families and will use this information in referring parents and families to appropriate domestic violence services.”